

## Request for Leave per the Families First Coronavirus Response Act (FFCRA)

Pursuant to the Families First Coronavirus Response Act (FFCRA) the City of Riverside will provide employees with paid sick leave or expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from the effective date from April 1, 2020 through December 31, 2020. This leave provision will expire on December 31, 2020 unless modified under federal or state laws.

Employee Name	Date of Request	
Department	Hire Date	
Classification	_ Employee ID	
I am requesting (check one or both):		
Emergency Family and Medical Lea	ive ("EFMLA")	
Emergency Paid Sick Leave ("EPSL	-")	
If approved for EFMLA, the first 10 days of this lea	ave are unpaid, but you have the	

option to substitute your pay during those 10 days with any available accrued vacation, compensatory time, sick, or EPSL.

If you are requesting EFMLA and want to substitute your pay for the first 10 days with EPSL, check both options above and complete sections one (1) and two (2) of this form. Please note, if this is elected, it would be paid at two-thirds your regular rate of pay.

If you are requesting EFMLA and want to substitute your pay for the first 10 days with leave other than EPSL, complete section one (1) of this form to request vacation, compensatory time, or sick leave as you would normally.

## **SECTION ONE: Request for EFMLA**

ı am re	equesting EFMLA for the following	g reason (check one	e):	
	I am unable to work (inclumy child under 18 years of place of care has been clo	of age because my s	son or daughte	er's school or
	I am unable to work (inclumy child under 18 years of is unavailable due to a pu	of age because the	child care prov	
I am re	questing EFMLA begin on	, 2020.		
I exped	ct to use EFMLA until	, 2020.		
I am re	questing to take EFMLA on an ir	ntermittent basis:	Yes	 No
			163	INO
	I am requesting to take EFMLA	on an intermittent ba	asis as follows	:
	I am requesting to take EFMLA or reason(s):	on an intermittent ba	asis for the foll	owing
	I acknowledge Emergency Fami and is not in addition to any othe denied EFMLA if I have previous 12-month designation period.	er FMLA leave. I ack	nowledge that	t I may be
	I acknowledge that if approved for but have the option to substitute accrued vacation, compensatory	my pay during thos	e 10 days with	
		Employee Initials		
	I acknowledge that paid leave fo \$10,000 in the aggregate.	r EFMLA is subject	to a cap of \$2	00 per day and
		Employee Initials		
	I acknowledge I am submitting tr request for EFMLA, and further a related to my need.			
		Employee Initials		

**NOTE**: Examples of acceptable supporting documentation include the following: a notice that has been posted on a government, school, or day care website, or published in a newspaper, or an email from an employee or official of the school, place of care, or child care provider.

## **SECTION TWO: Request for Emergency Paid Sick Leave**

1) I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.  2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.  3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.  4) I am caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or been advised by a health care provider to self-quarantine due to concerns related to COVID-19.  5) I am caring for my child whose school or place of care has been closed or whose child care provider is unavailable, due to COVID-19 precautions.  6) I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.  I am requesting EPSL begin on, 2020.  I expect to use EPSL until, 2020.  I am requesting to take EPSL on an intermittent basis: No  I am requesting to take EPSL on an intermittent basis as follows:  I am requesting to take EPSL on an intermittent basis for the following reason(s):	I am reques	ting EPSL because I am unable to work or tele	work due to	the following:	
concerns related to COVID-19.  3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.  4) I am caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or been advised by a health care provider to self-quarantine due to concerns related to COVID-19.  5) I am caring for my child whose school or place of care has been closed or whose child care provider is unavailable, due to COVID-19 precautions.  6) I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.  I am requesting EPSL begin on, 2020.  I expect to use EPSL until, 2020.  I am requesting to take EPSL on an intermittent basis: No  I am requesting to take EPSL on an intermittent basis as follows:		,	uarantine or	isolation order	
diagnosis.  4) I am caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or been advised by a health care provider to self-quarantine due to concerns related to COVID-19.  5) I am caring for my child whose school or place of care has been closed or whose child care provider is unavailable, due to COVID-19 precautions.  6) I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.  I am requesting EPSL begin on, 2020.  I expect to use EPSL until, 2020.  I am requesting to take EPSL on an intermittent basis: No  I am requesting to take EPSL on an intermittent basis as follows:			der to self-o	quarantine due	to
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the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.  I am requesting EPSL begin on					
I expect to use EPSL until		the Secretary of Health and Human Services	in consulta		у
I am requesting to take EPSL on an intermittent basis:  Yes  No  I am requesting to take EPSL on an intermittent basis as follows:	I am reques	ting EPSL begin on, 2020.			
Yes No I am requesting to take EPSL on an intermittent basis as follows:	I expect to υ	use EPSL until, 2020.			
	I am reques	ting to take EPSL on an intermittent basis:	Yes	No	
I am requesting to take EPSL on an intermittent basis for the following reason(s):	I am	requesting to take EPSL on an intermittent bas	is as follows	S:	
	I am	requesting to take EPSL on an intermittent bas	is for the fo	llowing reason(	s):

I acknowledge I am submitting true and correct documentation in support of my request for EPSL, and further acknowledge I may have to submit

certifications related to my need	Employee Initials		
<ul> <li>I acknowledge that EPSL is subject the aggregate for reasons 1 – 3 ab aggregate for reasons 4 – 6 above</li> </ul>	ove, and \$200 pe		
Ē	Employee Initials		
NOTE: Examples of acceptable supporting reason for EPSL. A reference to the application order related to COVID-19 application order related to COVID-19 are exampled to concerns related to COVID-19 are exampled to the need to care for a child, at that has been posted on a government, so newspaper, or an email from an employed care provider.	licable Federal, Stable to the emplo advising the emplo mples of acceptable acceptable docume chool, or day care	ate or local q yee or writte byee to self-c le document entation inclu website, or p	ruarantine or n quarantine due ation. If EPSL ides a notice published in a
I acknowledge I received a copy of the Ci (FFCRA) policy.	ty's Families First	Coronavirus	Response Act
Employee Signature			Date
FOR HUMAN RESOURCES USE:			
Request for EFMLA:	Approved	Denied	-
Dates of Approved EFMLA:			_
Request for EPSL Approved:	Approved	Denied	-
Dates of Approved EPSL:			_
Payroll Codes:  FFCRA PERS - 3121  FFCRA NON-PERS - 3122  FFCRA FMLA PERS - 3123  FFCRA FMLA NON-PERS - 3124  Denial reason(s):			

Human Resources Director or Designee	Date